

United States Patent Application COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AUTO-ADAPTATION TO PACKET SIZE ON A PHYSICAL MEDIUM**; the specification of which is filed herewith.

I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56.

I claim foreign priority benefits under 35 U.S.C. § 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached

As the named inventor, I appoint the registered practitioners

at Customer Number

34206

to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith, with full right of substitution.

Please direct all correspondence in this case to:

Fogg and Associates, LLC
P.O. Box 581339, Minneapolis, MN 55458-1339
Telephone No. (612) 332-4720
Fax (612) 332-4731

I declare that all statements made herein are of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor No. 1

Given Name (First and Middle [if any])

Family Name or Surname

RANDALL L.

POWERS

Inventor's
Signature*Randall L. Powers*

Date

1-14-04

Residence: City: Raleigh

State NC

Country US

Citizenship

US

Post Office

3001 Oxbow Ct.

Address

City

Raleigh

State NC

Zip

27613

Country

US

State of NC, County of Wake

Sworn to and subscribed before me this

14 day of January, 2004

Witness my hand and official seal.

Notary Public

My Commission Expires 05/01/06